OIP April 21, 2004

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Jonathan S. Stamler and Andrew J. Gow

Application No.:

08/796,164

Group:

1639

Filed:

February 6, 1997

Examiner:

Bennett M. Celsa

Confirmation No.:

8622

For:

Modified Hemoglobins, Including Nitrosylhemoglobins, and Uses

Therefor

## CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

April 21, 2004

Signature Signature

Typed or printed name of person signing certificate

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Reply for filing in the above-identified application.

- [X] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [ ] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)

REMAINING

**AFTER** 

**AMENDMENT** 

34

27

(COL. 2)

HIGHEST NO. PREVIOUSLY

PAID FOR

62

45

\*

**MINUS** 

**MINUS** 

FIRST PRESENTATION OF MULTIPLE DEP. CLAIM

(COL. 3)

**PRESENT** 

**EXTRA** 

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5111 122 2111111							
RATE		ADDIT. FEE	<u>OR</u>				
x	\$ 9	\$					
х	\$43	\$					
+	\$145	\$					

OTHER THAN
SMALL ENTITY

-	RATE		ADDIT. FEE		
	x	\$18	\$		
	x	\$86	\$		
	+	\$290	\$		

not fewer than 20

TOTAL

INDEP

\*\* not fewer than 3

TOTAL =\$\_\_\_\_0\_

TOTAL =\$ 0

Please char	ge Deposit Account No. 08-0380 for the following fees:		
[]	Petition for [ ] month Extension of Time	\$	
[]	Amendment Fee	\$	
[ ]	Other Fees:		
		\$	
		\$	
	TOTAL:	\$_	0
A check is	enclosed in payment of the following fees:		
[X]	Petition for three month Extension of Time	<b>\$</b> _	475
[ ]	Amendment Fee	\$	
[ ]	Other Fees:		
		. \$	
	<del></del>	\$_	
	TOTAL:	\$_	475
for an	neral authorization is hereby granted to charge Deposit Account No. by fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain p pplication. A copy of this authorization is enclosed for accounting p Respectfully submitted,  HAMILTON, BROOK, SMITH & REYNO	enden urpos	ncy of es.
	By Carol A. Egner Carol A. Egner Registration No.: 38,866 Telephone (978) 341-0036 Facsimile (978) 341-0136		

Concord, Massachusetts 01742-9133 Dated: April 21, 2004